

2004 CBT 443 Altered Mental States Poisoning/Overdose KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH			SKILLS CHECKLIST FOR RECERTIFICATION		
NAME	PRINT STUDENT'S NAME	EMS #		DATE	
Objective: Given a partner, appropriate equipment and a patient with an altered mental status, demonstrate appropriate assessment and treatment as outlined in CBT 443 and BLS Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> C-spine	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Body Position	<input type="checkbox"/> Sick
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> Airway	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Not Sick	
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient and obtains consent to treat <input type="checkbox"/> Reassures and calms patient (notes pertinent comments from the patient e.g. suicide attempt, OD, etc.) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Obtains names and dosages of current/ingested medications/poisons (includes time of ingestion/exposure)					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs <input type="checkbox"/> Performs appropriate medical/trauma exam —exposes/checks for bleeding/injuries, needles, marks, tracks <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalize impression (R/O) <input type="checkbox"/> Determines if ALS is needed — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <div> <input type="checkbox"/> Protects patient from further injury <input type="checkbox"/> Removes hazardous objects <input type="checkbox"/> Performs gross decontamination (if indicated) <input type="checkbox"/> Administers additional care as indicated: wound care, psychological/emotional care <input type="checkbox"/> Administers appropriate rate and delivery of oxygen </div>			<div> <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Indicates need for immediate ALS/transport (SICK) <input type="checkbox"/> Monitors patient vital signs <input type="checkbox"/> Collects emesis and/describes character (if indicated) <input type="checkbox"/> Considers IOS <input type="checkbox"/> _____ (additional) </div>		
COMMUNICATION AND DOCUMENTATION			CRITICAL FAIL CRITERIA		
<input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form			DID NOT... <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen (if indicated) <input type="checkbox"/> Indicate the need for immediate ALS/transport (SICK)		
EVALUATOR SIGN YOUR NAME			IF NO EXPLAIN		
EMS #			2 nd ATTEMPT		

CBT 443 Altered Mental States

Student name

Recert Yes

No

Date

Written Score

(online / other)

